SURVEYOR:

CONTACT #:

TOWN:

RATING SCALE

Able to be used at this facility (i.e. good condition, USE "5" Provided to facility by borrowing/MOA - requires

USE "2" USE "5" quality or sufficient #) delivery to EDS Provided to facility by borrowing/MOA - requires Exists at facility but has SOME limitations (i.e. quality, **USE "4" USE "1"** delivery to EDS - has limitations (i.e quality, condition or insufficient #) condition, or insufficient #) Exists at facility but has some MAJOR limitations (i.e. Does not exist at this facility - no agreement/MOA **USE "3"** USE "0" quality, condition, or insufficient #) underway to borrow or have delivered

| | RATING: | YES/NO or # of ITEM(S) | SF/MILES/ETC. | NOTES/DISCRIPTION: |
|---|---------|------------------------|---------------|--------------------|
| PROPERTY FEATURES | | | | |
| Access roads? | | | | |
| Traffic control (1-way, stoplight, etc.)? | | | | |
| # Driveways into actual property? | | | | |
| Nearest major highway? | | N/A | | |
| Property/facility capable of being locked down? | | | | |
| Proximity to main hospital (miles)? | | N/A | | |
| Parking capacity (# of spaces)? | | | N/A | |
| Distance from lot to doors to be used (approx.)? | | N/A | | |
| Dedicated emergency vehicle property access/entrances? | | | N/A | |
| Site located outside of flood plain? | | | | |
| Sufficient exterior lighting of facility perimeter and parking areas? | | | | |

FACILITY NAME: TOWN:

| | | RATING SCALE | |
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| Able to be used at this facility (i.e. good condition, quality or sufficient #) | USE "5" | USE " | Provided to facility by borrowing/MOA - requires delivery to EDS |
| Exists at facility but has SOME limitations (i.e. quality, condition or insufficient #) | USE "4" | USE " | Provided to facility by borrowing/MOA - requires delivery to EDS - has limitations (i.e quality, condition, or insufficient #) |
| Exists at facility but has some MAJOR limitations (i.e. quality, condition, or insufficient #) | USE "3" | USE " | Does not exist at this facility - no agreement/MOA underway to borrow or have delivered |

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|--|---------|---------------------------|---------------|--------------------|
| Functional loading dock? | | | N/A | |
| Maximum truck length (ft) accommodated? | N/A | N/A | | |
| Dock height/width (ft/in)? | N/A | N/A | | |
| Proximity to public transportation (miles)? | | | | |
| Type of transportation (bus, train)? | | | | |
| Can bus routes be adjusted to serve EDS? | | | | |
| Other uses for property during an incident (i.e. shelter)? | | N/A | | |
| Exterior trash/waste disposal pick-up? | | | | |

FACILITY NAME: TOWN:

| | F | RATING SCALE | | |
|--|---------|--------------|---------|--|
| Able to be used at this facility (i.e. good condition, quality or sufficient #) | USE "5" | U | JSE "2" | Provided to facility by borrowing/MOA - requires delivery to EDS |
| Exists at facility but has SOME limitations (i.e. quality, condition or insufficient #) | USE "4" | U | JSE "1" | Provided to facility by borrowing/MOA - requires delivery to EDS - has limitations (i.e quality, condition, or insufficient #) |
| Exists at facility but has some MAJOR limitations (i.e. quality, condition, or insufficient #) | USE "3" | u | USE "0" | Does not exist at this facility - no agreement/MOA underway to borrow or have delivered |

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|--|---------|---------------------------|---------------|--------------------|
| FACILITY FEATURES | | | | |
| Total square footage to be utilized in actual dispensing (not queue spaces or staff break rooms, etc.) | | N/A | | |
| Location(s) to be utilized (i.e. gym, cafeteria): | N/A | N/A | N/A | |
| Dispensing areas ADA compliant/handicapped accessible? | | | N/A | |
| # of elevators | | | N/A | |
| # to be used for dispensing purposes? | | | N/A | |
| # of entrances/exits | | | N/A | |
| # to be used for dispensing purposes? | | | N/A | |
| # of stairwells | | | N/A | |
| # to be used for dispensing purposes? | | | N/A | |
| # of floors | | | N/A | |
| # to be used for dispensing purposes? | | | N/A | |

FACILITY NAME: TOWN:

| | RA [*] | TING SCALE | |
|--|-----------------|------------|--|
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|--|---------|------------------------|---------------|--------------------|
| Generator(s) available? | | | N/A | |
| Shower facilities on site? | | | N/A | |
| Kitchen area (stove, microwave?) | | | | |
| # of refrigerators/description (walk-in?) | | | N/A | |
| Total capacity (sf) for refrigeration | | N/A | | |
| Total # of bathrooms | | | N/A | |
| Men's bathrooms (approx. # of persons it will accommocate) | | | N/A | |
| Women's bathrooms (approx. # of persons it will accommodate) | | | N/A | |
| Are one of each M/W handicapped accessible in the dispensing area? | | | N/A | |
| Are there separate staff bathrooms? | | | | |
| Are plans in place for (janitorial) upkeep of bathrooms during EDS operations? | | | | |

FACILITY NAME: TOWN:

| | I | RATING SCALE | | |
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| Exists at facility but has SOME limitations (i.e. quality, condition or insufficient #) | USE "4" | US | SE "1" | Provided to facility by borrowing/MOA - requires delivery to EDS - has limitations (i.e quality, condition, or insufficient #) |
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|--|---------|------------------------|---------------|--------------------|
| Have locations for the following areas have been identified? | N/A | N/A | N/A | |
| Triage? | | | | |
| Forms distribution? | | | | |
| Forms review? | | | | |
| Medical assessment? | | | | |
| Behavioral assessment? | | | | |
| EDS administration/communication? | | | | |
| Staff break/dining area? | | | | |
| First aid? | | | | |
| Dispensing area "Fast Lane"? | | | | |
| Dispensing area for families? | | | | |

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|---|---------|------------------------|---------------|--------------------|
| Dispensing area for special populations? | | | | |
| Medication counseling area? | | | | |
| Forms retrieval? | | | | |
| Other? | | | | |
| Other? | | | | |
| Other? | | | | |
| Internal PA System? | | | N/A | |
| Control/security center (location)? | | | | |
| Two-way radio capability with main hospital? | | | | |
| Heating/ventilation/air conditioning in dispensing areas? | | | N/A | |
| In general, do cell phones work inside the facility? | | | N/A | |

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YES/NO or RATING: SF/MILES/ETC. NOTES/DISCRIPTION: # of ITEM(S)

| FACILITY EQUIPMENT AVAILABLE | | | | | | |
|--------------------------------------|--|--|-----|--|--|--|
| # of computers | | | N/A | | | |
| Dial-up: | | | N/A | | | |
| High speed Internet: | | | N/A | | | |
| Wireless Internet access? | | | N/A | | | |
| Any restrictions on Internet access? | | | N/A | | | |
| # of computer printers? | | | N/A | | | |
| # of TVs (moveable) | | | N/A | | | |
| # of DVD players? | | | | | | |
| # of VCRs? | | | | | | |
| # of fax machines | | | N/A | | | |

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| | R/ | ATING SCALE | |
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|---|---------|---------------------------|---------------|--------------------|
| Independent fax # or shared w/ voice lines? | | | N/A | |
| # of flatbed scanners (not PD/FD radio) | | | N/A | |
| # of copiers | | | N/A | |
| Paper supply adequate/available? | | | N/A | |
| # of phones | | | N/A | |
| Long distance capability? | | | N/A | |
| # of moveable tables | | | N/A | |
| # of folding or moveable chairs | | | N/A | |
| Biohazard waste accommodation? | | | N/A | |
| MISC. | | | | |
| | | | | |